

21153

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

| PLACE OF BIRTH  |  | ARIZONA STATE BOARD OF HEALTH  |                                 |
|---|--|--|---------------------------------|
| 1. County of <u>Gila</u>  |  | BUREAU OF VITAL STATISTICS   | State Index No. <u>182</u>      |
| District of <u>Rice</u>   |  | ORIGINAL CERTIFICATE OF BIRTH  | County Registrar No. <u>531</u> |
| Town of _____   |  |  | Local Registrar No. _____       |
| or  |  |  | St. _____ Ward _____            |
| City of _____   | No. _____                                      | If birth occurred in a hospital or institution, give its NAME instead of street and number |                                 |
| 2. Full name of child <u>Reva Norman</u>  |  | If child is not yet named, make supplemental report, as directed.                          |                                 |
| 3. Sex of Child <u>Female</u>   | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____  | 6. Legitimate? <u>yes</u>       |
| 5. No., in order of birth _____   |  | 7. Date of birth <u>6</u> <u>25</u> <u>24</u>  | Month day year                  |
| 8. FATHER   |  | 14. MOTHER   |                                 |
| Full name <u>Reay Norman</u>  |  | Full maiden name <u>Minnie Galien</u>  |                                 |
| 9. Residence (Usual place of abode) <u>Rice Ariz</u>  |  | 15. Residence (Usual place of abode) <u>Rice Ariz</u>                                      |                                 |
| If nonresident, give place and state _____  |  | If nonresident, give place and state _____   |                                 |
| 10. Color or race <u>4/4 Indian</u>   |  | 16. Color or race <u>4/4 Indian</u>  |                                 |
| 11. Age at last birthday <u>39</u> (Years)  |  | 17. Age at last birthday <u>31</u> (Years)   |                                 |
| 12. Birthplace (city or place) <u>Rice Ariz</u>   |  | 18. Birthplace (city or place) <u>Rice Ariz</u>  |                                 |
| (State or country)  |  | (State or country)   |                                 |
| 13. Occupation <u>Salvage - Painter</u>   |  | 19. Occupation <u>Housewife</u>  |                                 |
| Nature of industry _____  |  | Nature of industry <u>at home</u>  |                                 |
| 20. Number of children of this mother   |  | 21. Were precautions taken against ophthalmia neonatorum? <u>no</u>                        |                                 |
| (Taken as of time of birth of child herein certified and including this child.)   |  | (a) Born alive and now living <u>4</u>   |                                 |
| (b) Born alive but now dead <u>2</u>  |  | (c) Stillborn <u>0</u>   |                                 |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |  |  |                                 |
| I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3 1/2</u> on the date above stated.   |  |  |                                 |
| (Born alive or stillborn.)  |  |  |                                 |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. |  | Signature <u>O. L. Woods M.D.</u>  |                                 |
| Given name added from supplemental report _____   |  | (Physician or midwife)   |                                 |
| Month, day, year. _____   |  | Filed <u>19</u> <u>24</u> <u>1924</u>  |                                 |
| Registrar. _____  |  | County Registrar. <u>B. G. Joy</u>   |                                 |

955-625-475